

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	13	66621	3/15/00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		10008	
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	9 4 9 1 3 11
1	23 22 3 13 23 3
2	01 02 03 03 03
3	✓ ✓ ✓ ✓ ✓
4	✓ ✓ ✓ ✓ ✓
5	✓ ✓ ✓ ✓ ✓
6	✓ ✓ ✓ ✓ ✓
7	✓ ✓ ✓ ✓ ✓
8	✓ ✓ ✓ ✓ ✓
9	✓ ✓ ✓ ✓ ✓
10	✓ ✓ ✓ ✓ ✓
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12	✓ ✓ ✓ ✓ ✓
13	✓ ✓ ✓ ✓ ✓
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47	✓ ✓ ✓ ✓ ✓
48	✓ ✓ ✓ ✓ ✓
49	✓ ✓ ✓ ✓ ✓
50	✓ ✓ ✓ ✓ ✓

Claim	Date
Final Original	11
51	✓
52	✓
53	✓
54	✓
55	✓
56	✓
57	✓
58	✓
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91	✓
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100	✓

Claim	Date
Final Original	
101	
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If more than 150 claims or 10 actions  
 staple additional sheet here

(LEFT INSIDE)

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